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FEE TRANSMITTAL

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C	omplete if Known
Application Number	10/697,256-Conf. #9221
Filing Date	October 31, 2003
First Named Inventor	Kazuo OKADA
Examiner Name	M. Shah
Art Unit	3712
Attorney Docket No.	SHO-0054

Date

January 17, 2007

For FY 2006			First	First Named Inventor		Kazuo OKADA				
			Exan	Examiner Name		M. Shah				
Applicant claims small entity status. See 37 CFR 1.27			Art U	Art Unit		3712				
TOTAL AMOUNT OF PAYMENT (\$) 910.00		Attor	Attorney Docket No.		SHO-0054					
METHOD OF PAYM	ENT (check all t	nat apply)								
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the above-io	dentified deposit a	account, the Direc	tor is heret	y authorize	ed to: (che	ck all that apply)				
x Charge fe	e(s) indicated bel	ow		Charge	e fee(s) in	dicated below, ex	cept for ti	he filing fee		
	y additional fee(s der 37 CFR 1.16	s) or underpaymer and 1.17	nts of	x Credit	any overp	payments				
FEE CALCULATION	1									
1. BASIC FILING, SEAI	•									
FILING FEES SEA			SEARCH	I FEES	EXAMI	NATION FEES Small Entity				
Application Type	Fee (\$)		<u>эө (\$)</u>	Fee (\$)	Fee (\$)		Fees F	Paid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEE	S						F== (#)	Small Entity Fee (\$)		
Fee Description	dudina Daisanas)						Fee (\$)			
Each claim over 20 (ind Each independent claim	-						50 200	25 100		
Multiple dependent clai		g reassues,					360	180		
						lultiple Depende				
-= x =					_		ee Paid (\$	5)		
HP = highest number of total	I claims paid for, if gr	eater than 20.								
Indep. Claims Ex	tra Claims F	ee (\$)I	Fee Paid (5)						
IID - bish-st surbay of ind	X	=								
HP = highest number of ind 3. APPLICATION SIZE		for, if greater than 3.								
If the specification and listings under 37 C sheets or fraction the	d drawings excee FR 1.52(e)), the	application size fe	ee due is \$2	250 (\$125 f				0		
Total Sheets	Extra Sheets	Number of ea			tion there	of Fee (\$)	Fee	Paid (\$)		
- 100 =		/50		up to a who						
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00										
1801 Request for continued examination (RCE) (see 37 790.00										
SUBMITTED BY	1/		Posist	ration No.						
signature (/////	15			ration No. ey/Agent)	29,211	Telephone	(202) 95	5-3750		

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